

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$106.00 date of service 02/08/00.
- b. The request was received on 02/01/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution dated 01/08/02
 - b. HCFA(s)
 - c. TWCC 62 forms
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution dated 02/05/02
 - b. Provider's Request for Medical Dispute Resolution
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. This Commission case file did not contain a carrier sign sheet, but a TWCC MDUL-1 form dated 03/08/02 states, "REC'D INITIAL RESPONSE FROM..., TPA FOR...3/8/02." The form indicates the response was timely. Another TWCC MDUL-1 form dated 03/11/02 states, "REC'D BOTH RESPONSES FOR PARTIES;...SPOKE TO BOTH PARTIES. INITIAL REQUEST HAD ALL ELEMENTS TO PROCEED WITH REVIEW. REQUESTOR HAD NO ADDITIONAL INFORMATION TO SUBMIT; SPOKE WITH...(IC REP) [sic] AND IC [sic] HAD NO ADDITIONAL INFO [sic] TO SUBMIT; BOTH PARTIES AGREED TO FORGO 14 DAY LETTER AND SEND PRESENT INFO [sic] TO ..." The response from the insurance carrier was received in the Division on 03/11/02. The carrier's response will be considered timely.
4. There is not Notice of Medical Dispute in this case filed.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated 01/08/02 that, "I am disputing ...code 95935 for the payment of \$106.00.... 'Code 95935 is reimbursed per 'study', not per nerve, so only the bilateral 'H' reflex study is recommended for payment'Dr...performed two F-waves and two H-reflex, for the left and right sides....the MFG states you can test up to six times for this procedure code. The 95935 and the 95935-50 are study tests only per, the MFG....when there is persistence of pain and discomfort, a bilateral study is medically necessary for a comparative interruption [sic].
2. Respondent: The Respondent's representative states in the correspondence dated 02/05/02 that, "The health care provider billed CPT Code 95935,....The descriptor for CPT Code 95935 specifically states, 'H' or 'F' reflex study, by eletrodiagnostic testing.' The health care provider inappropriately billed for two 'H' and two 'F' studies, and was appropriately reimbursed for one 'H' and one 'F' study..."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 02/08/01.
2. The provider billed \$400.00 for date of service, 02/08/01.
3. The carrier did not reimburse the provider for the services billed for date of service, 02/08/01.
4. The amount in dispute is \$106.00 for date of service, 02/08/01.
5. The carrier's letter indicates that the provider was reimbursed for one "H" wave study and one "F" wave study, but the TWCC 62 shows that the carrier paid the provider for two "H" wave studies.
6. The carrier denied additional reimbursement by denial code, "F – This service is included in another service performed on the same date." The auditor's comment is "REPORT IS INCLUSIVE. INCLUDING THE TWCC-73. CODE 95935 IS REIMBURSED PER 'STUDY', NOT PER NERVE, SO ONLY THE BILATERAL 'H' REFLEX STUDY IS RECOMMENDED FOR PAYMENT."
7. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE
02/08/01	95935	\$400.00	\$0.00	F	\$53.00	MFG MGR (IV) (B) (2); CPT descriptors	The carrier denied the charges by denial code "F". The carrier's response is timely, but no other EOB(s) or medical audits were noted. Therefore, the Medical Review Division's decision is rendered based on the denial code submitted to the provider prior to the date of this dispute being filed. The MFG MGR indicates that,... "Code 95935 ('H' or 'F' reflex study by electrodiagnostic testing): Reimbursement shall be as follows:...For 'F' studies, separate reimbursement per extremity shall be allowed only if the compensable injury affected both extremities. If the contralateral extremity was tested to compare the affected and unaffected side, the comparison study would be considered to be part of the overall study." Medical documentation supports that the service was rendered as billed. Reimbursement of \$53.00 is recommended.
Totals		\$400.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$53.00 .

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$53.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 16th day of May 2002.

Donna M. Myers, B.S.
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.